

Utility Services Administrator (Finance)
Work History Form
2014

Announcement #9006

Class Code: C3036

Completion of this *Special Work History Form* is part of the selection process for the Utility Services Administrator (Finance) position. Your grade will depend, in part, on the information you provide here. Your grade also will be judged, in part, by your official college transcript and any other relevant documentation which must be submitted. Civil Service reserves the right to determine the relevance of any listed experience and/or training.

This form is divided into three sections. They are:

- I. Work experience
- II. Post-Secondary Education, and
- III. Licenses

Specific instructions for these sections are stated at the beginning of the actual sections. You are responsible for carefully following all instructions. Civil Service must be able to use the information you supply on this Work History Form to determine if you meet the **minimum qualifications** as listed in the **official announcement** for this position. In filling out this Special Work History Form, *please use the announcement as a reference.*

Return your completed and signed *Work History Form* to 1340 Poydras Suite 900, **within two weeks of application.**

IMPORTANT: Check to make certain that you have completed each item fully and accurately. If in reviewing your form it is found to be inaccurate or incomplete, it may be rejected or returned to you for more information. Fully completing this form begins by carefully reading and signing the statement below.

I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list, and I may be disqualified from applying in the future for positions in the Civil Service of the City of New Orleans.

Signature _____ Date: _____

Name (please print): _____

SECTION I. WORK EXPERIENCE

INSTRUCTIONS:

In this section you are asked to describe your work experience. It will be to your advantage to be as thorough as possible in your description.

NOTES:

- 1. In describing your experience, list your most recent experience first. Describe the duties performed and the approximate amount of time doing them.**
- 2. If, in reviewing your form, it is found to be incomplete it may be rejected or returned to you for more information.**
- 3. References may be verified.**
- 4. Professional experience is experience obtained after receipt of a Bachelor's Degree.**
- 5. Exempt-level (FLSA-Exempt) work is salaried.**
- 6. To be considered an employee's supervisor, you must have done all of these:**
 - a. assigned and reviewed the employee's work.**
 - b. signed payroll time cards/ time sheets or approved requests for time off.**
 - c. completed performance appraisal / service rating forms on the employee.**
- 7. Forms are provided to describe three positions on the following pages. The first two are labeled "POSITION #1" and "POSITION #2." The final form is labeled "POSITION # ____". If you need to describe more than three positions, copy this final form (pages 7 & 8) and complete these. Number the position described in the blank provided (when describing positions 3 or greater).**

WORK EXPERIENCE - POSITION #1:

Describe your professional accounting experience. Note if this experience is professional (post-Baccalaureate) and/or supervisory.

- a. Describe briefly the area of work

Job Title: _____

Organization/Department/Unit: _____

Address: _____

- b. Dates: _____ to _____
month/year month/year

- c. Name of Supervisor: _____ Phone number: _____
(May we contact this person ____ yes ____ no)

- d. Duties (provide an approximate percentage of time spent doing the duties listed):
% of time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WORK EXPERIENCE - POSITION #1 (Continued):

d. Duties (continued) *(provide an approximate percentage of time spent doing the duties listed):*

	<u>% of time</u>

e. Did this position require you to supervise employees? ☐ **YES** ☐ **NO**
 If YES, list the name and title of these employees:

Name:	Title:

f. Was this position Full-time or Part-time? ☐ **Full-time** ☐ **Part-time**
 If part-time, please provide the approximate number of hours per week worked:

g. Was this position salaried/contract or hourly? ☐ **Salaried/Contract** ☐ **Hourly**

WORK EXPERIENCE - POSITION #2:

Describe your professional accounting experience. Note if this experience is professional (post-Baccalaureate) and/or supervisory.

- a. Describe briefly the area of work

Job Title: _____

Organization/Department/Unit: _____

Address: _____

- b. Dates: _____ to _____
month/year month/year

- c. Name of Supervisor: _____ Phone number: _____
(May we contact this person ___ yes ___ no)

- d. Duties (provide an approximate percentage of time spent doing the duties listed):
% of time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WORK EXPERIENCE - POSITION #2 (Continued):

d. Duties (continued) *(provide an approximate percentage of time spent doing the duties listed):*

	<u>% of time</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

e. Did this position require you to supervise employees? ☐ **YES** ☐ **NO**
 If YES, list the name and title of these employees:

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

f. Was this position Full-time or Part-time? ☐ **Full-time** ☐ **Part-time**
 If part-time, please provide the approximate number of hours per week worked:

g. Was this position salaried/contract or hourly? ☐ **Salaried/Contract** ☐ **Hourly**

WORK EXPERIENCE - POSITION # _____:

Describe your professional accounting experience. Note if this experience is professional (post-Baccalaureate) and/or supervisory.

- a. Describe briefly the area of work

Job Title: _____

Organization/Department/Unit: _____

Address: _____

- b. Dates: _____ to _____
month/year month/year

- c. Name of Supervisor: _____ Phone number: _____
(May we contact this person ____ yes ____ no)

- d. Duties (provide an approximate percentage of time spent doing the duties listed):
% of time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WORK EXPERIENCE - POSITION # _____ (Continued):

d. Duties (continued) *(provide an approximate percentage of time spent doing the duties listed):*

	<u>% of time</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

e. Did this position require you to supervise employees? ☐ **YES** ☐ **NO**
 If YES, list the name and title of these employees:

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

f. Was this position Full-time or Part-time? ☐ **Full-time** ☐ **Part-time**
 If part-time, please provide the approximate number of hours per week worked:

g. Was this position salaried or hourly? ☐ **Salaried** ☐ **Hourly**

**** If you need to describe more than three positions, copy this final form (pages 7 & 8) and complete these. Number the position described in the blank provided.**

SECTION II. POST-SECONDARY EDUCATION/CERTIFICATION

Describe your post-secondary (college) education. In your description, list only education received from an accredited college or university (see note below). * Original college diplomas and / or official college transcripts must be presented within two weeks of filing an application. The information you provide in this section will assist us in verifying that appropriate documentation has been submitted.

1. a) Name of the institution _____
 - b) Type of degree (BA, BS, MS, MBA, JD, etc.) _____
 - c) Year graduated _____
 - d) Major _____
-

2. a) Name of the institution _____
 - b) Type of degree (BA, BS, MS, MBA, JD, etc.) _____
 - c) Year graduated _____
 - d) Major _____
-

*** NOTE: An accredited college or university is an institution that is accredited as a college or university by an organization that is recognized by the USDE (United States Department of Education). Also, a transcript may also be requested.**

Do you possess a CPA (Certified Public Accountant) certification?

Yes _____ No _____ License number (if applicable) _____
